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# Department of Defense DIRECTIVE

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DODD-6465.3

March 16, 1995  
NUMBER 6465.3

SUBJECT: Organ and Tissue Donation

ASD(HA)

- References:
- (a) DoD Directive 6465.3, subject as above, August 14, 1987 (hereby canceled)
  - (b) 8A Uniform Laws Annotated 29, "Uniform Anatomical Gift Act," 1987
  - (c) Section 273 et seq. of title 42, United States Code

## A. REISSUANCE AND PURPOSE

This Directive reissues reference (a) to update policy and responsibilities under references (b) and (c) concerning the donation of human organs and tissues for the medical treatment of living patients.

## B. APPLICABILITY

This Directive applies to the Office of the Secretary of Defense, the Military Departments, the Chairman of the Joint Chiefs of Staff, and the Defense Agencies (hereafter referred to collectively as "the DoD Components").

## C. DEFINITIONS

1. Donor. An individual who makes a gift of all or part of his or her body for use after death for specific purposes.

2. Donor Card. A legal document signed by an individual, properly witnessed under the rules of informed consent, and indicating a desire to have one or more organs and/or tissues removed at death for donation to another individual.

3. Next of Kin. The available interested party highest in the following order of priority shall be designated the primary next of kin: the spouse of the donor; an adult son or daughter of the donor; either parent of the donor; an adult brother or sister of the donor; a grandparent of the donor; a guardian of the donor at the time of death. The designated next of kin may waive all referenced rights for organ disposition in favor of the next interested party in the priority list from reference (b).

4. Organ. Includes heart, lung, liver, kidney, pancreas, or any other organ that is currently or in the future deemed suitable for transplantation.

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5. Organ Procurement Organization (OPO). A formally constituted civilian organization created to coordinate and recover organs and tissues for a specific type of transplantation or a special geographic area.

6. Tissue. Includes cornea, eye, skin, bone, bone marrow, dura, blood vessel, fascia, or any other tissue that is currently or in the future deemed suitable for transplantation.

#### D. POLICY

It is DoD policy to:

1. Encourage organ and tissue donation from all DoD beneficiaries, but avoid coercion. Donations from minors will be accepted only under strict guidelines.

2. Establish reasonable methods for DoD beneficiaries to complete and carry an organ and tissue donor card.

3. Through the military transplant centers (MTCs), participate in the congressionally-established National Organ and Tissue Procurement Network that facilitates and coordinates organ and tissue donation, the recovery of donated organs and tissues, and the matching of donors and recipients.

4. Ensure that appropriate agreements exist between local organ procurement organizations (OPOs) and MTCs that grant DoD recipients, including National Guard and Reserve personnel, access to organs and tissues donated by DoD donors.

5. Require that all inpatient military medical treatment facilities (MTFs) maintain either a memorandum of understanding (MoU) or a memorandum of agreement (MoA) with a MTC and the local OPO to provide organ and tissue procurement services. All MoUs and/or MoAs should be subject to legal review before enactment.

#### E. RESPONSIBILITIES

1. The Assistant Secretary of Defense for Health Affairs, under the Under Secretary of Defense for Personnel and Readiness, shall:

a. Make organ and tissue donor cards available to all DoD beneficiaries.

b. Establish a committee, chaired by a representative of the Assistant Secretary of Defense for Health Affairs, to monitor organ and tissue donation.

c. Direct the Defense Medical Systems Support Center to enter donor information in the Defense Enrollment Eligibility Reporting System software, the

Composite Health Care System software, and the Realtime Automated Personnel Identification System software.

2. The Secretaries of the Military Departments shall:

a. Ensure that their MTFs comply with the policies of this Directive and monitor and review annually MoUs and/or MoAs among MTFs, MTCs, and OPOs.

b. Ensure that each MTF has a written, established procedure to contact the local OPO on the potential availability of an organ or tissue donor. This procedure should also establish the method for contacting one of the MTCs based on existing MoUs and MoAs. The MTF procedures should maximize the use of donated organs and tissues at both MTCs and civilian transplant centers.

c. Use, and budget for, civilian transportation of organs, tissues, and recovery teams except where military transportation is faster and in accordance with clinical necessity.

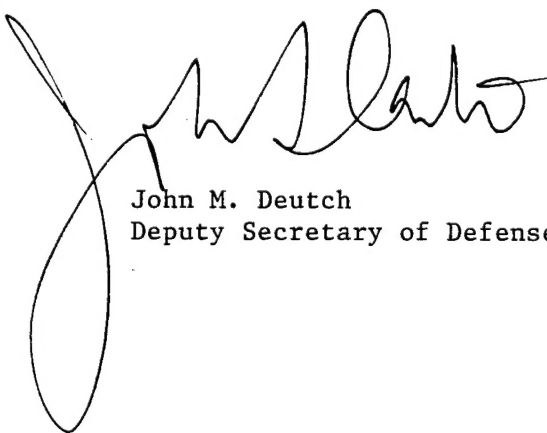
d. Ensure that any reimbursement for the cost of recovery related to organ and tissue donation from DoD beneficiaries at MTFs is paid to the local MTF. Reimbursement under the Third Party Collection Program from a non-active duty beneficiary who has billable health insurance would fall into this category.

e. Prohibit DoD personnel from receiving direct or indirect remuneration for organ retrieval from DoD beneficiaries.

F. EFFECTIVE DATE

This Directive is effective immediately.

Enclosures - 1  
1. Guidelines

  
John M. Deutch  
Deputy Secretary of Defense

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## GUIDELINES

1. Unless prohibited medically, legally, or for religious reasons, organ and tissue donation shall be discussed with the next of kin in every death in a military MTF.
2. The local OPO should be notified immediately by the healthcare team when the potential for organ and/or tissue donation is recognized; i.e., the possibility of irreversible brain injury and brain death. The attending physician or other healthcare providers directly involved in the care of the patient should not participate in procedures for recovering or transplanting the donated organs and tissues.
3. A MoU and/or MoA with the local OPO shall require that the OPO maintain a listing of patients who die in the military MTF, and shall record the results of action taken to secure the donation of organs or tissues from each patient who dies.
4. If the patient who dies is over the age of majority and did not wish to donate organs or tissues, stated either orally or in writing, this desire shall be honored even if it is in conflict with the wishes of the next of kin.
5. Permission of the next of kin shall be sought even when a valid donation document exists. When a conflict exists between the positive wishes of the donor to provide organs and tissues upon death and the wishes of the next of kin, the wishes of the next of kin shall be honored.
6. MoUs, MoAs, and contracts with OPOs should require equitable sharing of organs and tissues to maximize their use at the MTCs.
7. After notifying the local OPO to ensure its participation in the donation process, MTFs should immediately notify the MTC with which the MTF maintains a MoU and/or MoA about the potential availability of donor organs and tissues from DoD donor patients. This notification permits the MTC to determine if the potentially available organs and tissues are compatible with DoD beneficiaries on the MTC transplant lists. Organs and tissues from DoD donors should be made available first to the MTCs and then to the civilian OPOs specified in the MoU and/or MoA.
8. DoD-incurred retrieval costs for organs or tissues accepted for transplantation to non-DoD beneficiaries shall be paid by either the civilian OPO or the transplanting institution. Reimbursement for these costs shall be made payable to the MTF in which organ and/or tissue donation occurred.
9. The hospital shall initially contact the Casualty Area Command for all deceased DoD donor beneficiaries if the primary next of kin is not already available at the military or civilian MTF where the deceased is located. This ensures that the primary next of kin, who were not present at the hospital at the time of death, are notified

properly by a representative of the Casualty Area Command before organ or tissue donation is solicited. The primary next of kin then should be contacted telephonically by a member of the local OPO to request approval of donation of organs or tissues from the deceased patient. A primary next of kin's authorization of an organ or tissue gift from the deceased patient shall be made by a document signed by the next of kin, or made by telegraphic, recorded telephonic, or other recorded message.

10. All inpatient MTFs shall establish MoUs, MoAs, or contracts among themselves, one of the MTCs, and the local OPOs for organ recovery services. Existing MoUs and/or MoAs with civilian OPOs should be reviewed for conformance with this Directive and conforming modifications should be made as warranted. New MoUs, MoAs, and contracts should require OPOs to notify immediately the MTF when a potential donor who is an active service DoD beneficiary, including the U.S. Coast Guard and the U.S. Public Health Service, is hospitalized in a civilian treatment facility. New MoUs, MoAs, and contracts must prohibit the sale for profit of any DoD beneficiary-donated organs and tissues by any receiving civilian procurement agency. Military inpatient MTFs may allow OPO recovery teams to sustain deceased donor patients and to perform the actual surgical recovery of donated organs and tissues.

11. Opportunities for a DoD beneficiary to make organ and/or tissue donation pledges should be made available with arrival at the first duty station, at regular physical examinations, during issuance and reissuance of ID cards, in all MTFs, and at military unit meetings.

12. Information materials to explain organ and tissue donation and blank donor cards shall be provided by MTFs.

13. Gifts of organs and tissues shall follow the law of the State or foreign country where the gift is made and shall be in accordance with reference (b).